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Country note**

Sudan

Summary

The Executive Director presents the country note for Sudan for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The situation of children and women in Sudan remains daunting. The infant mortality rate (IMR) and under-five mortality rate (U5MR) are estimated at 110 and 145 per 1,000 live births, respectively, in the northern states, but are one third higher in accessible areas in the south. Malaria (estimated to be between 23 to 34 per cent year round), diarrhoea, acute respiratory infections and malnutrition remain the main causes of child deaths. The national estimate for child malnutrition is 23 per cent, but surveys in pre-harvest season in the south found over half of children under the age of five showing evidence of wasting. Over one quarter of schoolchildren in some northern states show moderate to severe prevalence of goitre. Vitamin A deficiency is widespread among those under five. In the northern states, iron deficiency anaemia affects up to two thirds of children under five and women of childbearing age. From 1996 to 1999, immunization coverage in the north declined from 90 to 83 per cent; in some southern states it fell to as low as 14 per cent. There were over 50 confirmed cases of polio in 1999. Access to safe drinking water is

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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below 30 per cent in rural areas. Some 70 per cent of the world's remaining cases of dracunculiasis are in Sudan, and at the end of 1999, 66,000 cases were reported, mainly in the south and bordering northern states. About 90 per cent of Sudanese women undergo female genital mutilation (FGM), in most cases severe forms that lead to health problems. National debate is continuing on the ratification of the Convention on the Elimination of All Forms of Discrimination against Women. By July 2000, some 6,000 cases of HIV/AIDS were reported, and there is social stigma associated with the pandemic.

2. Primary school net enrolment rates declined between 1996 and 1999, from 46 to 40 per cent nationwide and from 14 to 9 per cent in the south. Out of the children enrolled in the southern states, only about one third actually attend school, which means that in some states, as few as 5 per cent of children are going to school. Some 37 per cent of men and 62 per cent of women are illiterate.

3. Sudan suffers from environmental degradation and is prone to floods, drought and epidemics of measles, meningitis and diarrhoea. Since 1983, conflict has led to devastating consequences for children and women, mainly in the south, and there are an estimated 3.7 million internally displaced persons. The abduction of children and women is another pressing problem. The Government has initiated steps to address this, and has created the Committee for the Eradication of the Abduction of Women and Children. The decentralization process, begun in 1994, has devolved responsibility for financing and implementation of basic services to the states, but social services remain weak. Many states are unable to cover expenses, and increasingly families are shouldering more costs.

4. UNICEF maintains close collaboration with other agencies, notably the United Nations Office for the Coordination of Humanitarian Affairs, the World Food Programme, World Health Organization and United Nations Fund for Population Activities. Recent collaboration in polio eradication efforts is an example.

Lessons learned from past cooperation

5. The cooperation between the Government and UNICEF in the tracing, retrieval and reunification of abducted children and women demonstrated the effectiveness of UNICEF advocacy, reinforced by its service delivery and grass-roots interventions. Since peace building and child rights remain the sine qua non for all efforts to reach children and women, the 1999 mid-term review (MTR) modified the current programme to create a new programme for addressing these issues.

6. UNICEF support contributed to: reducing malaria incidence by 41 per cent in the Upper Nile State; achieving high coverage levels during National Immunization Days; lessening the impact of epidemics and disasters; providing improved access to water and environmental sanitation for over 2 million persons; reducing dracunculiasis by 40 per cent over three years; and supporting some 134,000 families with supplementary feeding and food production through Operation Lifeline Sudan (OLS). Overall, however, inadequate coordination between community-based initiatives lessened the impact. The Child Friendly Village Initiative (CFVI) benefited a population of 850,000 in 450 villages, and led to high rates of school enrolment and immunization coverage, but criteria for the selection of villages were unclear and convergence was insufficient between the CFVI and sectoral programmes. The education programme provided basic education to 20,000

nomadic children and, through funding from OLS, to 300,000 children in conflict areas. But the programme's scope, which included quality improvement and monitoring of learning achievement, was too broad, and higher priority should have been assigned to increasing access. Overall, it was found that the country programme's geographic and programmatic coverage was too ambitious, thus reducing its impact. Although the MTR had adjusted the programme, the future programme of cooperation will need even greater focus.

Proposed country programme strategy

7. The programme of cooperation will aim to reduce mortality among the most vulnerable children and women; reduce gender and geographic inequities among children and women; promote a culture of peace among all stakeholders; and develop appropriate protection measures for children and women most at risk. The programme will have four strategic thrusts. First, national policies and programmes will be supported through technical and supply inputs, capacity-building, advocacy and social mobilization. Second, all sectoral field interventions and community-based initiatives will target the most disadvantaged communities, which will be selected on the basis of a "Child-Friendly Community" (CFC) approach. Third, child rights and grass-roots peace building will form the normative framework for all interventions. Fourth, each programme will develop a high degree of emergency preparedness to enable rapid response to war-related displacement, floods, drought and epidemics.

8. Using disaggregated data from the year 2000 multiple indicator cluster survey and government sources, the CFC approach will plot data (primarily on immunization, nutrition, water supply coverage and school enrolment) on maps, in order to identify the states and communities eligible for priority interventions. The number of communities to be selected will depend on the availability of resources and the presence of other partners.

9. The *health and nutrition programme* will support policy and strategy development, social mobilization and selected service delivery interventions for key programmes areas with national coverage, including polio, immunization, malaria, iodine deficiency disorders, vitamin A deficiency, and iron deficiency anaemia. Interventions at subnational level will focus on communities selected by the CFC approach and will include: helping community leaders to develop and support problem-solving strategies; intensifying immunization and polio eradication support; tackling other diseases using the Integrated Management of Childhood Illness approach; supporting essential obstetric care; and supporting community-based growth monitoring and promotion.

10. The *basic education programme* will focus on increasing access to basic education in the communities identified by the CFC approach, using both formal schooling and alternative approaches. Support to formal schooling will include the provision of teaching/learning materials, mobilization of communities and improvement of the learning environment. Alternative approaches will include: continued support to basic education for nomadic children and children from internally displaced groups; provision of learning opportunities for adolescent girls who missed out on schooling; and support to traditional approaches such as *Khalwas* (Koranic schools). To increase retention, UNICEF will support training of teachers

and community-based facilitators. At national level, UNICEF will support policy and curriculum development, in order to accelerate access and promote the integration of issues such as tolerance, cultural diversity and peace into curricula. At community level, these issues will be promoted in collaboration with traditional structures.

11. Focusing on communities selected by the CFC approach, the *water and environmental sanitation programme* will increase access to safe drinking water and sanitary means of excreta disposal and educate families on personal hygiene and environmental sanitation. The dracunculiasis project will focus on all endemic areas, promoting access to safe water, ensuring the knowledge necessary to reduce transmission, and strengthening surveillance and reporting systems.

12. The *rights, protection and peace-building programme* will have four components. First, humanitarian principles and children's and women's rights will be promoted through advocacy, training, collaboration with universities, harmonization of national laws with the Convention on the Rights of the Child, and consensus building in support of ratification of the Convention on the Elimination of All Forms of Discrimination against Women. Second, grass-roots peace building will be supported through peace conferences, inter-tribal reconciliation activities, training and conflict resolution. Third, the programme will seek to reunify and reintegrate separated and abducted children with their families and communities. At national level, UNICEF will promote appropriate policies for abducted children, child soldiers, internally displaced, children in conflict with the law, and street and working children. The fourth component will support policy and advocacy work on FGM.

13. The *information, communication and advocacy programme* will aim to change the behaviour of parents, young people and communities selected through the CFC approach, in the areas of child care, girl's education, water use, sanitation, hygiene, HIV/AIDS and FGM. Second, at national level, the programme will promote awareness of the Convention on the Rights of the Child, the benefits of a peaceful environment for children, women's rights, FGM, HIV/AIDS, and appreciation for cultural diversity. It will seek to increase resource levels for children. Third, the programme will build partnerships for children's causes with civil society, community-based organizations, local child rights supporters and youth.

14. The *planning, research, monitoring and evaluation programme* will develop CFC indicators and criteria for selecting communities for interventions, establish baseline data through rapid surveys, and monitor, coordinate and evaluate all programme interventions. The programme will also support the achievement of sectoral objectives in the selected areas through support to communities in participatory planning, monitoring and evaluation. At national level, the programme will work with partners to ensure timely and disaggregated data on the situation of children and women, and develop risk analysis maps to support emergency preparedness and rapid response interventions.

15. The *field operations component* will involve programme delivery; coordination of, and lead role for, OLS northern sector activities; management of aircraft, communications and logistics functions; and management and implementation of the emergency Relief and Shelter Projects. This component will be funded from the annual United Nations Consolidated Appeal.

16. The cross-sectoral costs will cover the salaries of one supply officer, one assistant officer, four assistants and one shipping clerk, one information technology (IT) officer, two IT assistants, two human resources assistants, two administrative assistants, one clerk and six drivers.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	4 907	10 690	15 597
Basic education	4 246	5 000	9 246
Water and environmental sanitation	4 108	4 840	8 948
Rights, protection and peace-building	3 209	1 700	4 909
Information, communication and advocacy	2 261	1 200	3 461
Planning, research, monitoring and evaluation	3 209	1 570	4 779
Cross-sectoral costs	1 750	0	1 750
Total	**23 690**	**25 000**	**48 690**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.